



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

04/06/2012

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

**EPA I.D. NUMBER: NYR000043521**

**INSTALLATION NAME: LOCKHEED MARTIN CORP**

**INSTALLATION ADDRESS : 1111 MARCUS AVE  
LAKE SUCCESS, NY 11042**

**MAILING ADDRESS : 1111 MARCUS AVE  
LAKE SUCCESS, NY 11042**

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-4437**

**TO: LOCKHEED MARTIN CORP  
or Current Occupant  
ATTN: ROBERT PHILLIPS  
2950 N HOLLYWOOD WAY, SUITE 125  
BURBANK, CA 91505**

**SEND  
COMPLETED  
FORM TO:**  
The Appropriate  
State or Regional  
Office.

United States Environmental Protection Agency  
**RCRA SUBTITLE C SITE IDENTIFICATION FORM**

2011 DEC -9 PM 1:43

RCRA PROGRAMS  
BRANCH

<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)
<b>2. Site EPA ID Number</b>	EPA ID Number <del>NY D 07 5 7 9 6 0 3 7</del> <b>NYR0000 43 521</b>
<b>3. Site Name</b>	Name: <b>Lockheed Martin Corporation</b>
<b>4. Site Location Information</b>	Street Address: <b>1111 Marcus Avenue</b> City, Town, or Village: <b>Lake Success</b> County: <b>Nassau</b> State: <b>NY</b> Country: <b>USA</b> Zip Code: <b>11042</b>
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <b>56291</b> C. <b></b> B. <b></b> D. <b></b>
<b>7. Site Mailing Address</b>	Street or P.O. Box: <b>Same as above</b> City, Town, or Village: State: Country: Zip Code:
<b>8. Site Contact Person</b>	First Name: <b>Robert</b> MI: <b>S</b> Last: <b>Phillips</b> Title: <b>Project Lead - Lockheed Martin Corporation</b> Street or P.O. Box: <b>2950 N. Hollywood Way Suite 125</b> City, Town or Village: <b>Burbank</b> State: <b>CA</b> Country: <b>USA</b> Zip Code: <b>91505</b> Email: <b>robert.s.phillips@lmc.com</b> Phone: <b>(817) 495-0251</b> Ext.: Fax:
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: <b>Apollo Lake Success Properties LLC</b> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Street or P.O. Box: <b>1111 Marcus Avenue</b> City, Town, or Village: <b>Lake Success</b> Phone: <b>516-616-9500</b> State: <b>NY</b> Country: <b>USA</b> Zip Code: <b>11042</b> B. Name of Site's Operator: <b>Lockheed Martin Corporation</b> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other Date Became Owner: <b>03/20/2000</b> Date Became Operator: <b>04/22/1996</b>

Not processed! Resubmitted w/ corrections 3/2/12. (BL)

Rec 12/12/11. Called & emailed 12/12/11. Informant on 12/7/11 application should be need ID update RABA records (In)

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-7.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☒ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒**2. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**3. Treater, Storer, or Disposer of Hazardous Waste**

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒**4. Recycler of Hazardous Waste**Y ☐ N ☒**5. Exempt Boiler and/or Industrial Furnace**

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**6. Underground Injection Control**Y ☐ N ☒**7. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.**

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner**

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer**

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

NA

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University  
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university  
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

NONE						



**12. Notification of Hazardous Secondary Material (HSM) Activity**

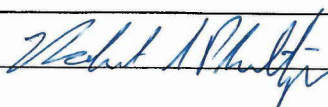
Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**

Became an episodic SQG in 2011 based on one month's generation of a D008 waste.  
Returned to CESQG status once waste was shipped off-site in 2011. Projected generation from construction activities is not expected to change generator status from CESQG.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips Project Lead	12-7-11


FED X

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

und

2011 DEC -9 PM 1:43

OMB# 2050-0024; Expires 11/30/2011

<p><b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.</p>	<p align="center">United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b></p>		
<p><b>1. Reason for Submittal</b></p> <p>MARK ALL BOX(ES) THAT APPLY</p>	<p><b>Reason for Submittal:</b></p> <p><input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location)</p> <p><input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location)</p> <p><input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application</p> <p><input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____)</p> <p><input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below)</p> <p><input type="checkbox"/> Site was a TSD facility and/or generator of <math>\geq 1,000</math> kg of hazardous waste, <math>&gt;1</math> kg of acute hazardous waste, or <math>&gt;100</math> kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)</p>		
<p><b>2. Site EPA ID Number</b></p>	<p>EPA ID Number <u>NY D 075 796 037</u> <u>NYR0000 43521</u></p>		
<p><b>3. Site Name</b></p>	<p>Name: <u>Lockheed Martin Corporation</u></p>		
<p><b>4. Site Location Information</b></p>	<p>Street Address: <u>1111 Marcus Avenue</u></p>		
	<p>City, Town, or Village: <u>Lake Success</u></p>		<p>County: <u>Nassau</u></p>
	<p>State: <u>NY</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>11042</u></p>
<p><b>5. Site Land Type</b></p>	<p><input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
<p><b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b></p>	<p>A. <u>562911</u></p>		<p>C. _____</p>
	<p>B. _____</p>		<p>D. _____</p>
<p><b>7. Site Mailing Address</b></p>	<p>Street or P.O. Box: <u>Same as above</u></p>		
	<p>City, Town, or Village: _____</p>		
	<p>State: _____</p>	<p>Country: _____</p>	<p>Zip Code: _____</p>
<p><b>8. Site Contact Person</b></p>	<p>First Name: <u>Robert</u></p>		<p>MI: <u>S</u> Last: <u>Phillips</u></p>
	<p>Title: <u>Project Lead - Lockheed Martin Corporation</u></p>		
	<p>Street or P.O. Box: <u>2950 N. Hollywood Way Suite 125</u></p>		
	<p>City, Town or Village: <u>Burbank</u></p>		
	<p>State: <u>CA</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>91505</u></p>
	<p>Email: <u>robert.s.phillips@lmc.com</u></p>		
	<p>Phone: <u>(817) 495-0251</u></p>	<p>Ext.: _____</p>	<p>Fax: _____</p>
<p><b>9. Legal Owner and Operator of the Site</b></p>	<p>A. Name of Site's Legal Owner: <u>Apollo Lake Success Properties LLC</u></p>		<p>Date Became Owner: <u>03/20/2000</u></p>
	<p>Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		
	<p>Street or P.O. Box: <u>1111 Marcus Avenue</u></p>		
	<p>City, Town, or Village: <u>Lake Success</u></p>		<p>Phone: <u>516-616-9500</u></p>
	<p>State: <u>NY</u></p>	<p>Country: <u>USA</u></p>	<p>Zip Code: <u>11042</u></p>
	<p>B. Name of Site's Operator: <u>Lockheed Martin Corporation</u></p>		<p>Date Became Operator: <u>04/22/1996</u></p>
	<p>Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other</p>		

## 10. Type of Regulated Waste Activity (at your site)

Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.

## A. Hazardous Waste Activities; Complete all parts 1-7.

Y ☒ N ☐

## 1. Generator of Hazardous Waste

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☒ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities.

Y ☒ N ☐

- d. Short-Term Generator (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.

Y ☐ N ☒

- e. United States Importer of Hazardous Waste

Y ☐ N ☒

- f. Mixed Waste (hazardous and radioactive) Generator

Y ☐ N ☒

## 2. Transporter of Hazardous Waste

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

## 3. Treater, Storer, or Disposer of Hazardous Waste

Note: A hazardous waste permit is required for these activities.

Y ☐ N ☒

## 4. Recycler of Hazardous Waste

Y ☐ N ☒

## 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒

## 6. Underground Injection Control

Y ☐ N ☒

## 7. Receives Hazardous Waste from Off-site

## B. Universal Waste Activities; Complete all parts 1-2.

Y ☐ N ☒

1. Large Quantity Handler of Universal Waste (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒

## 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities; Complete all parts 1-4.

Y ☐ N ☒

## 1. Used Oil Transporter

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒

## 2. Used Oil Processor and/or Re-refiner

If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒

## 3. Off-Specification Used Oil Burner

Y ☐ N ☒

## 4. Used Oil Fuel Marketer

If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

EPA ID Number

NYD075796037

OMB#: 2050-0024; Expires 11/30/2011

**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**

- ❖ You must check with your State to determine if you are eligible to manage laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K

N/A

- ☐ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:

- ☐ a. College or University  
☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university  
☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

- ☐ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories

**11. Description of Hazardous Waste**

- A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						

- B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

None						



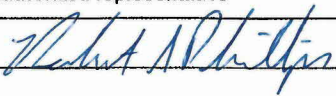
EPA ID Number N Y D 107151719610317

OMB#: 2050-0024; Expires 11/30/2011

**12. Notification of Hazardous Secondary Material (HSM) Activity**Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.**13. Comments**

short term generator of lead abatement waste that is not part of an on-going process. Construction activities generating this waste anticipated to be completed by mid-2012.

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips, Project Lead	9/19/11



ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2011 DEC -9 PM 1:43  
RCRA PROGRAMS  
BRANCH

USEPA  
Region 2 DEPP-RPB  
290 Broadway, 22<sup>nd</sup> Floor  
New York, New York 1007-1866  
Attn: RCRA Notifications, Ms. Louisa Marquez

ARCADIS of New York, Inc.  
Two Huntington Quadrangle  
Suite 1S10  
Melville  
New York 11747  
Tel 631 249 7600  
Fax 631 249 7610  
[www.arcadis-us.com](http://www.arcadis-us.com)

Subject:  
Lockheed Martin Corporation, NYD075796037  
1111 Marcus Avenue, Lake Success, NY 11042

NYR000043521 (30)

ENVIRONMENT

Dear Ms. Marquez:

On behalf of Lockheed Martin Corporation (Lockheed Martin), ARCADIS is re-submitting the attached RCRA Subtitle C Site Identification Forms (8700-12). Both forms were returned by your office requiring further information before they can be processed. The attached forms are signed originals.

Date:  
December 8, 2011

The first form was originally submitted in September 2011 to provide notification of a change in generator status from a Conditionally Exempt Small Quantity Generator (CESQG) to a Small Quantity Generator (SQG). The second form was originally submitted in November 2011 to provide notification of a change in generator status from SQG back to CESQG.

Contact:  
Art Zahradnik

Phone:  
631.391.5208

Email:  
[Art.Zahradnik@arcadis-us.com](mailto:Art.Zahradnik@arcadis-us.com)

As described on the forms, these changes in status were necessary given the short-term (episodic) generation of D008 hazardous waste from construction activities at the above-referenced facility during one month in 2011 (May). Projected generation from continued short-term construction activities to be completed in mid-2012 is not expected to change generator status from CESQG moving forward.

Our ref:  
B0038161.0001.00102

Sincerely,

ARCADIS of New York, Inc.

Art Zahradnik  
Associate Project Manager

Attachments

Copies:  
Robert S. Phillips, Lockheed Martin  
Nicholas Valkenburg, ARCADIS  
Scott Morris, ARCADIS  
Laura Curtis, ARCADIS

Imagine the result

g:\aproject\bb\great neck site\waste mgt sops & info\epa forms\_gen status\2011-12\_corres to epa\epa covlet\_12-08-11\_8700-12 forms resubmit.doc



Infrastructure · Water · Environment · Buildings

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II

2012 MAR -2 PM 4:39

RCRA PROGRAMS  
BRANCH

USEPA  
Region 2 DEPP-RPB  
290 Broadway, 22nd Floor  
New York, New York 10007-1866  
Attn: RCRA Notifications, Ms. Betsy Lopez

ARCADIS of New York, Inc.  
Two Huntington Quadrangle  
Suite 1S10  
Melville  
New York 11747  
Tel 631 249 7600  
Fax 631 249 7610  
[www.arcadis-us.com](http://www.arcadis-us.com)

ENVIRONMENT

Subject:

Lockheed Martin Corporation, NYR 000043521  
1111 Marcus Avenue, Lake Success, NY 11042 & NYD075796037

Dear Ms. Lopez:

On behalf of Lockheed Martin Corporation (Lockheed Martin), ARCADIS is providing an explanation of two active EPA ID numbers for the same physical site and submitting a Form 8700-12 for each EPA ID number to correct the issue and eliminate future potential confusion while taking the opportunity to update status given current operations at the site by Lockheed Martin. Enclosed is a form to update EPA ID# NYR 000043521 with its generator status updated to CESQG and a form for EPA ID# NYD075796037 the one that changes it to inactive. This is a follow up response to your conversation with Ms. Laura Curtis of ARCADIS on February 28, 2012, following inquiries in January 2012 from your office to Mr. Robert S. Phillips, Project Lead, Lockheed Martin Corporation. The January 2012 inquiries related to Form 8700-12 filings by Lockheed Martin in 2011 (under EPA ID# NYD075796037) and the correct site address (1111 Marcus Avenue, Lake Success, NY).

From a record search into US EPA's Envirofacts, and Enforcement Compliance & History Online (ECHO) Databases, as well as looking at past hazardous waste biennial reports in the defunct Biennial Reporting System (BRS), it appears that a second EPA ID number was applied for environmental remediation activities while the first number is associated with former manufacturing, which ceased in 1997. The following are a set of findings from these documents:

- EPA ID # NYR 000043521 has handler listed as Lockheed Martin Corporation located at 1111 Marcus Ave., Lake Success, NY 11042 as a large quantity generator (LQG). [Envirofacts, ECHO]

Imagine the result

Date:  
February 28, 2012

Contact:  
Nicholas Valkenburg

Phone:  
631.391.5234

Email:  
[Nick.valkenburg@arcadis-us.com](mailto:Nick.valkenburg@arcadis-us.com)

Our ref:  
B0038161.00001.00102



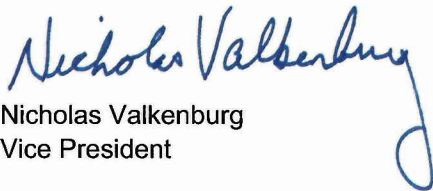
- EPA ID # NYD075796037 has handler listed as Lockheed Martin Federal Systems, located at 365 Lakeville Rd., Great Neck, NY 11020 and as a conditionally exempt small quantity generator (CESQG). [Envirofacts, ECHO]
- The last Biennial Report found filed by EPA ID # NYD075796037 was for CY 1999 for Lockheed Martin Federal Systems at 365 Lakeville Rd., Great Neck, NY and listed various hazardous wastes noted as process related. A waste source type code A93 (Closure of management unit(s) or equipment - Other Processes) indicates facility cleaning out processes after ceasing to operate.
- A Biennial Report found filed by EPA ID# NYR 000043521 for CY 1999 has Lockheed Martin Corporation ES&H located at 365 Lakeville Rd., Great Neck, NY listed as handler and a large quantity generator of 294.5 tons of spent carbon from a groundwater treatment system.
- A Biennial Report found filed by EPA ID# NYR 000043521 for CY 2001 has Lockheed Martin Corporation located at 1111 Marcus Ave., Lake Success, NY 11042 generating 8 tons of solids from a tank used in a soil vapor extraction (groundwater) treatment unit. Report notes a change of address from 365 Lakeville Rd. in the facility comments. Note this is the last biennial report found for EPA ID# NYR 000043521 through 2007. [BRS database]
- A Biennial Report found filed by EPA ID# NYR 000122648 for CY 2003 has Antech Diagnostics located at 1111 Marcus Ave., Lake Success, NY 11042. Antech Diagnostics is listed as the operator and i.Park Lake Success LLC (i.Park) as the owner as of March 2000. Lockheed Martin sold the property to i.Park who then was granted a change of address for the property from 365 Lakeville Rd. Great Neck, NY 11020 to 1111 Marcus Ave, Lake Success, NY 11042.
- The property was developed by i.Park into a multi-use structure. There are three different operators listed as being located at 1111 Marcus Ave., Lake Success, NY 11042: Lockheed Martin (EPA ID# NYR000043521), Antech Diagnostics (EPA ID# NYR000122546), and i.Park Lake Success (as EPA ID # NYR000147264).[Envirofacts]



Per your conversation with Ms. Curtis, activity is noted to occur under EPA ID# NYR 000043524 to the present. This filing of forms will not only correct the status of the facility, but will be used to correct a September 2011 waste manifest, and in other communications at the State level.

Sincerely,

ARCADIS of New York, Inc.



Nicholas Valkenburg  
Vice President

ENVIRONMENTAL PROTECTION  
AGENCY, REGION II  
2012 MAR -2 PM 4:39  
RCRA PROGRAMS  
BRANCH


**Attachments**

**Copies:**

Robert S. Phillips, Lockheed Martin  
Mary Morningstar, Lockheed Martin  
Art Zahradnik, ARCADIS  
Scott Morris, ARCADIS  
Laura Curtis, ARCADIS

3/16/12 E. J. J. (B)

OMB# 2050-0024; Expires 12/31/2014

<b>SEND COMPLETED FORM TO:</b> The Appropriate State or Regional Office.	United States Environmental Protection Agency <b>RCRA SUBTITLE C SITE IDENTIFICATION FORM</b>		ENVIRONMENTAL PROTECTION AGENCY, REGION II 2012 MAR -2 PM 4:39 HAZARDOUS WASTE PROGRAMS BRANCH	
<b>1. Reason for Submittal</b>  MARK ALL BOX(ES) THAT APPLY	<b>Reason for Submittal:</b> <input type="checkbox"/> To provide an Initial Notification (first time submitting site identification information / to obtain an EPA ID number for this location) <input checked="" type="checkbox"/> To provide a Subsequent Notification (to update site identification information for this location) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____) <input type="checkbox"/> As a component of the Hazardous Waste Report (If marked, see sub-bullet below) <input type="checkbox"/> Site was a TSD facility and/or generator of $\geq 1,000$ kg of hazardous waste, $>1$ kg of acute hazardous waste, or $>100$ kg of acute hazardous waste spill cleanup in one or more months of the report year (or State equivalent LQG regulations)			
<b>2. Site EPA ID Number</b>	EPA ID Number <span style="border: 1px solid black; padding: 0 2px;">N</span> <span style="border: 1px solid black; padding: 0 2px;">Y</span> <span style="border: 1px solid black; padding: 0 2px;">R</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">0</span> <span style="border: 1px solid black; padding: 0 2px;">4</span> <span style="border: 1px solid black; padding: 0 2px;">3</span> <span style="border: 1px solid black; padding: 0 2px;">5</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">1</span>			
<b>3. Site Name</b>	Name: Lockheed Martin Corporation			
<b>4. Site Location Information</b>	Street Address: 1111 Marcus Ave.			
	City, Town, or Village: Lake Success		County: Nassau	
	State: NY		Country: USA	
<b>5. Site Land Type</b>	<input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
<b>6. NAICS Code(s) for the Site (at least 5-digit codes)</b>	A. <span style="border: 1px solid black; padding: 0 2px;">5</span> <span style="border: 1px solid black; padding: 0 2px;">6</span> <span style="border: 1px solid black; padding: 0 2px;">2</span> <span style="border: 1px solid black; padding: 0 2px;">9</span> <span style="border: 1px solid black; padding: 0 2px;">1</span>		C. <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span>	
	B. <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span>		D. <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span> <span style="border: 1px solid black; padding: 0 2px;"></span>	
<b>7. Site Mailing Address</b>	Street or P.O. Box: 1111 Marcus Ave.			
	City, Town, or Village: Lake Success			
	State: NY		Country: USA	
<b>8. Site Contact Person</b>	First Name: Robert		MI: S.	Last: Phillips
	Title: Project Lead - Lockheed Martin Corporation			
	Street or P.O. Box: 2950 N. Hollywood Way Suite 125			
	City, Town or Village: Burbank			
	State: CA		Country: USA	
	Email: robert.s.phillips@lmco.com			
	Phone: 817-495-0251		Ext.:	Fax:
<b>9. Legal Owner and Operator of the Site</b>	A. Name of Site's Legal Owner: iPark Lake Success LLC - see Sec. 13			Date Became Owner: 03/20/2000
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			
	Street or P.O. Box: 1111 Marcus Avenue			
	City, Town, or Village: Lake Success		Phone: 516-616-9500	
	State: NY		Country: USA	
	B. Name of Site's Operator: Lockheed Martin Corporation			Date Became Operator: 04/22/1996
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Tribal <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other			

**10. Type of Regulated Waste Activity (at your site)**Mark "Yes" or "No" for all current activities (as of the date submitting the form); complete any additional boxes as instructed.**A. Hazardous Waste Activities; Complete all parts 1-10.**Y ☒ N ☐**1. Generator of Hazardous Waste**

If "Yes", mark only one of the following – a, b, or c.

- ☐ a. LQG: Generates, in any calendar month, 1,000 kg/mo (2,200 lbs./mo.) or more of hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 1 kg/mo (2.2 lbs./mo) of acute hazardous waste; or Generates, in any calendar month, or accumulates at any time, more than 100 kg/mo (220 lbs./mo) of acute hazardous spill cleanup material.
- ☐ b. SQG: 100 to 1,000 kg/mo (220 – 2,200 lbs./mo) of non-acute hazardous waste.
- ☒ c. CESQG: Less than 100 kg/mo (220 lbs./mo) of non-acute hazardous waste.

If "Yes" above, indicate other generator activities in 2-4.

Y ☒ N ☐**2. Short-Term Generator** (generate from a short-term or one-time event and not from on-going processes). If "Yes", provide an explanation in the Comments section.Y ☐ N ☒**3. United States Importer of Hazardous Waste**Y ☐ N ☒**4. Mixed Waste (hazardous and radioactive) Generator**Y ☐ N ☒**5. Transporter of Hazardous Waste**

If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**6. Treater, Storer, or Disposer of Hazardous Waste** Note: A hazardous waste Part B permit is required for these activities.Y ☐ N ☒**7. Recycler of Hazardous Waste**Y ☐ N ☒**8. Exempt Boiler and/or Industrial Furnace** If "Yes", mark all that apply.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☒**9. Underground Injection Control**Y ☐ N ☒**10. Receives Hazardous Waste from Off-site****B. Universal Waste Activities; Complete all parts 1-2.**Y ☐ N ☒**1. Large Quantity Handler of Universal Waste** (you accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste managed at your site. If "Yes", mark all that apply.

- a. Batteries ☐
- b. Pesticides ☐
- c. Mercury containing equipment ☐
- d. Lamps ☐
- e. Other (specify) \_\_\_\_\_ ☐
- f. Other (specify) \_\_\_\_\_ ☐
- g. Other (specify) \_\_\_\_\_ ☐

Y ☐ N ☒**2. Destination Facility for Universal Waste**

Note: A hazardous waste permit may be required for this activity.

**C. Used Oil Activities; Complete all parts 1-4.**Y ☐ N ☒**1. Used Oil Transporter** If "Yes", mark all that apply.

- ☐ a. Transporter
- ☐ b. Transfer Facility (at your site)

Y ☐ N ☒**2. Used Oil Processor and/or Re-refiner** If "Yes", mark all that apply.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☒**3. Off-Specification Used Oil Burner**Y ☐ N ☒**4. Used Oil Fuel Marketer** If "Yes", mark all that apply.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications



**D. Eligible Academic Entities with Laboratories—Notification for opting into or withdrawing from managing laboratory hazardous wastes pursuant to 40 CFR Part 262 Subpart K**❖ You can **ONLY** Opt into Subpart K if:

- you are at least one of the following: a college or university; a teaching hospital that is owned by or has a formal affiliation agreement with a college or university; or a non-profit research institute that is owned by or has a formal affiliation agreement with a college or university; AND
- you have checked with your State to determine if 40 CFR Part 262 Subpart K is effective in your state

Y ☐ N ☒ 1. Opting into or currently operating under 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories  
**See the item-by-item instructions for definitions of types of eligible academic entities. Mark all that apply:**

- ☐ a. College or University
- ☐ b. Teaching Hospital that is owned by or has a formal written affiliation agreement with a college or university
- ☐ c. Non-profit Institute that is owned by or has a formal written affiliation agreement with a college or university

Y ☐ N ☒ 2. Withdrawing from 40 CFR Part 262 Subpart K for the management of hazardous wastes in laboratories**11. Description of Hazardous Waste****A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008					

**B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes.** Please list the waste codes of the State-Regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed.

none					



**12. Notification of Hazardous Secondary Material (HSM) Activity**

Y ☐ N ☒ Are you notifying under 40 CFR 260.42 that you will begin managing, are managing, or will stop managing hazardous secondary material under 40 CFR 261.2(a)(2)(ii), 40 CFR 261.4(a)(23), (24), or (25)?

If "Yes", you must fill out the Addendum to the Site Identification Form: Notification for Managing Hazardous Secondary Material.

**13. Comments**


Notification submitted for EPA ID #NYR000043521 to change generator status from large quantity generator to conditionally exempt small generator, consistent with current operations and to recognize any records under EPA ID # NYD075796037 is documented under EPA ID #NYR000043521. See attached letter to US EPA - Region 2 explaining how two EPA ID numbers exist for the same physical site, but this site does not have the same address. A subsequent notification has been submitted concurrently to inactivate EPA ID # NYD075796037.

9A - i.Park Lake Success LLC owner, and its successors (Apollo Lake Success Properties, LLC and 1111 Marcus Avenue Unit 2 Owners, LLC).

10.A.2 - Current one-time lead paint abatement activities in 1Q2012 may cause generator to be a small quantity generator for one month, but will then return to a conditionally exempt small generator status (CESQG), as these activities are not part of an ongoing process.

RCRA PROGRAM  
BRANCH  
2012 MAR - 2 PM  
REGIONAL PROJECT  
AGENCY REGIONAL

**14. Certification.** I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations. For the RCRA Hazardous Waste Part A Permit Application, all owner(s) and operator(s) must sign (see 40 CFR 270.10(b) and 270.11).

Signature of legal owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Robert S. Phillips, Project Lead	02/29/2012



Region 2

**ACKNOWLEDGEMENT OF NOTIFICATION  
OF  
HAZARDOUS WASTE ACTIVITY**

04/14/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

<b>EPA I.D. NUMBER:</b>	<b>NYR000043521</b>
<b>INSTALLATION NAME:</b>	<b>IPARK LAKE SUCCESS LLC</b>
<b>INSTALLATION ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>
<b>MAILING ADDRESS :</b>	<b>1111 MARCUS AVE LAKE SUCCESS, NY 11042-1034</b>

EPA Form 8700-12AB (4-80)

**USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866**

**ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056**

**TO: IPARK LAKE SUCCESS LLC  
or Current Occupant  
ATTN: GEORGE MULLEN  
1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034**

**SEND COMPLETED****FORM TO:**The Appropriate State or  
EPA Regional Office.

United States Environmental Protection Agency

**RCRA SUBTITLE C SITE IDENTIFICATION FORM****1. Reason for  
Submittal  
(See instructions  
on page 13.)**MARK ALL BOX(ES)  
THAT APPLY**Reason for Submittal:**

- ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID  
Number (page 14)**

EPA ID Number

NYR000043524

**3. Site Name  
(page 14)**

Name:

IPARK LAKE SUCCESS

**4. Site Location  
Information  
(page 14)**

Street Address: 1111 MARCUS AVE.

City, Town, or Village: LAKE SUCCESS

State: NY

County Name: NASSAU

Zip Code: 11042-1034

**5. Site Land Type  
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American  
Industry  
Classification  
System (NAICS)  
Code(s) for the Site  
(page 14)**

A.

621498

B.

| | | | |

C.

| | | | |

D.

| | | | |

**7. Site Mailing  
Address  
(page 15)**

Street or P. O. Box: 1111 MARCUS AVE

City, Town, or Village: LAKE SUCCESS

State: NEW YORK

Country: USA

Zip Code: 11042

**8. Site Contact  
Person  
(page 15)**

First Name: GEORGE

MI:

Last Name: MULLEN

Phone Number: 516-616-9500

Extension:

Email address:

**9. Operator and  
Legal Owner  
of the Site  
(pages 15 and 16)**

A. Name of Site's Operator:

IPARK LAKE SUCCESS LLC

Date Became Operator (mm/dd/yyyy):

3/10/2000

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

IPARK LAKE SUCCESS LLC

Date Became Owner (mm/dd/yyyy):

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

Call Fisher Control (516) 781-3000  
 Change (Owner)  
 DHL

Per Frank 4/4/06 10:15



9. Legal Owner (Continued) Address	Street or P. O. Box: 1111 MARCUS AVE	
	City, Town, or Village: LAKE SUCCESS	
	State: NY	
	Country: USA	Zip Code: 11042

## 10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

## A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or  
(TEMPORARY NUMBER REQUESTED)
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer ofHazardous Waste (at your site) Note:  
A hazardous waste permit is required for  
this activity.Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your  
site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial  
Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner  
Exemption
- ☐ b. Smelting, Melting, and Refining  
Furnace Exemption

Y ☐ N ☐ 6. Underground Injection Control

## B. Universal Waste Activities

- Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate  
5,000 kg or more) [refer to your State regulations to  
determine what is regulated]. Indicate types of universal  
waste generated and/or accumulated at your site. If "Yes",  
mark all boxes that apply:

Generate Accumulate

- ☒ a. Batteries ☐ ☐
- ☐ b. Pesticides ☐ ☐
- ☐ c. Thermostats ☐ ☐
- ☐ d. Lamps ☐ ☐
- ☐ e. Other (specify) \_\_\_\_\_ ☐ ☐
- ☐ f. Other (specify) \_\_\_\_\_ ☐ ☐
- ☐ g. Other (specify) \_\_\_\_\_ ☐ ☐

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities

Mark all boxes that apply.

- Y ☐ N ☐ 1. Used Oil Transporter ☒ N/A  
If "Yes", mark each that applies.
- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner  
If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer

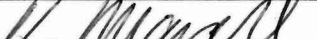
If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of  
Off-Specification Used Oil to  
Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the  
Used Oil Meets the Specifications

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008					GRAND	


[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	RICHARD MARCEL - FACILITY/CONSTRUCTION MANAGER	3/27/06

# RCRARep Handler Detail Report

Report run on: March 29, 2006 9:58 AM

## Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
LOCKHEED MARTIN CORPORATION	1	OK		LG
NYR000043521 1111 MARCUS AVE, LAKE SUCCESS NY				-----

### Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

### Activity Location

Handler Module Data for NY State only

### Other Site Name

01/01/01 99 Biennial	LOCKHEED MARTIN CORP ES&H
02/26/98 97 Biennial	LOCKHEED MARTIN CORP

### Location Address

05/22/02 01 Biennial	1111 MARCUS AVE NASSAU (NY059) LAKE SUCCESS, NY 11042 State District: NYSDEC R1 Land Type: X (X)
01/01/01 99 Biennial	365 LAKEVILLE RD NASSAU (NY059) GREAT NECK, NY 110201696 State District: NYSDEC R1 Land Type: U (U)
02/26/98 97 Biennial	UNION TURNPIKE & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 110400000 State District: NYSDEC R1 Land Type: U (U)
08/12/97 Notification	UNION TNPK & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 11040 State District: NYSDEC R1 Land Type: Private (P)

### North American Industrial Classification (NAICS)

05/22/02 01 Biennial	56291
----------------------	-------

56291 Remediation Services

### Mailing Address

05/22/02 01 Biennial	88 DURYEA RD MELVILLE, NY 11747
01/01/01 99 Biennial	100 S CHARLES ST STE 1400 BALTIMORE, MD 212011696
02/26/98 97 Biennial	2550 N HOLLYWOOD WAY 3RD FLOOR BURBANK, CA 915050000
08/12/97 Notification	2550 N HOLLYWOOD WAY SUITE 301 BURBANK, CA 91505

### Contact



# RCRA Rep Handler Detail Report

NYR000043521

Report run on: March 29, 2006 9:58 AM

## Contact

05/22/02 01 Biennial      NICHOLAS VALKENBURG  
  
Phone: (631)391-5234  
01/01/01 99 Biennial      GENE MATSUSHITA  
Phone: (410)468-1038  
02/26/98 97 Biennial      ROBERT C GILBERT  
Phone: (818)847-0210  
08/12/97 Notification      DAVID JENSEN  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505  
Phone: (818)847-0792

## Legal Owner/Operator of Site

08/12/97 Notification      Current Owner from -      D&B#:  
LOCKHEED MARTIN CORP      (Private)  
68801 ROCKLEDGE DR  
BETHESDA, MD 20817  
Phone: (301)897-6000

## Regulated Hazardous Waste Activities

05/22/02 01 Biennial  
Federal Large Quantity Generator  
01/01/01 99 Biennial  
Federal Large Quantity Generator  
02/26/98 97 Biennial  
Federal Large Quantity Generator  
08/12/97 Notification  
Federal Large Quantity Generator

## Waste Codes

08/12/97 Notification	D000	D001	D002	D003	D004	D005	D007	D008
	D009	D011	D019	D022	F001	F002	F003	F005
	P012	P098	U028	U069	U080	U112	U135	U159
	U213	X001	X003					

D000	DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D003	REACTIVE WASTE
D004	ARSENIC
D005	BARIUM
D007	CHROMIUM
D008	LEAD
D009	MERCURY
D011	SILVER
D019	CARBON TETRACHLORIDE
D022	CHLOROFORM
F001	THE FOLLOWING SPENT HALOGENATED SOLVENTS USED IN DEGREASING: TETRACHLOROETHYLENE, TRICHLOROETHYLENE, METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE, CARBON



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER ->

NYR000043521

FACILITY NAME ->

LOCKHEED MARTIN CORP

MAILING ADDRESS ->

2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

INSTALLATION ADDRESS ->

UNION TNPk & LAKEVILLE RD  
NORTH HEMPSTEAD, NY 11040

EPA Form 8700-12AB (4-80)

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JENSEN, DAVID  
MGR GROUNDWATER  
LOCKHEED MARTIN CORP  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

For full instructions  
completing this form, the  
information requested here is  
required by law (Section 8010  
of the Resource Conservation  
and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NY181010101413521

## II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

State

ZIP Code

N O R T H H E M P S T E A D

NY 11040

County Code

County Name

N A S S A U

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

State

ZIP Code

B U R B A N K

CA

91505

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M G R G R O U N D W A T E R 818-847-0792

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

State

ZIP Code

B U R B A N K

CA

91505

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

State

ZIP Code

B E T H E S D A

MD

20817

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

3 0 1 - 8 9 7 - 6 0 0 0

P

P

Yes

X

No



ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Transfer, Storage, Disposal (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter/Referral
- ☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner who first Claims the Oil Meets the Specification)

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒ ☒ ☒ ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Allen Krischker, ESH Admin.

XI. Comments

## IX. Description of Regulated Hazardous Waste (Addition of codes)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 9 8	P 0 1 2	D 0 0 6	D 0 1 1	D 0 2 2	D 0 0 4
19	20	21	22	23	24
D 0 1 9					
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

Lockheed Martin Tactical Defense Systems  
365 Lakeville Road Great Neck, NY 11020 -1696  
Telephone (516) 574-2386 Facsimile (516) 574-1036



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Kriskker", with a large, stylized flourish extending from the end.

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division



For every installation  
completing this form, the  
information requested here is  
required by law (Section 8010  
of the Resource Conservation  
and Recovery Act).



# regulated waste Activity

United States Environmental Protection Agency

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

II. Name of Installation (include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

State

ZIP Code

N O R T H H E M P S T E A D

N Y 1 1 0 4 0

County Code

County Name

N A S S A U

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M G R G R O U N D W A T E R 8 1 8 - 8 4 7 - 0 7 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

B. Street or P.O. Box

☒☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

State

ZIP Code

B U R B A N K

C A

9 1 5 0 5 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

State

ZIP Code

B E T H E S D A

M D

2 0 8 1 7 -

Phone Number (area code and number)

B. Land Type

C. Owner Type

D. Change of Owner  
Indicator

(Date Changed)  
Month Day Year

3 0 1 - 8 9 7 - 6 0 0 0

P

P

Yes

No

Month

Day

Year

Continue on reverse

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions)
- ☒ a. Greater than 1000kg/mo (2,200 lbs.)
- ☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Transfer, Storage, Disposal (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Boiler and/or Industrial Furnace
- ☐ 1. Smelter Refractor
- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel
- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketer
- ☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)
2. Corrosive (D002)
3. Reactive (D003)
4. Toxicity Characteristic (D000)

☒ ☒ ☒ ☒

(Use specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)


1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature  Name and Official Title (type or print) Allen Kriskker, ESH Admin. Date Signed 8/13/97

XI. Comments

**IX. Description of Regulated Substances (At the end of each)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

13 P 0 9 8	14 P 0 1 2	15 D 0 0 6	16 D 0 1 1	17 D 0 2 2	18 D 0 9 4
19 D 0 1 9	20	21	22	23	24
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120

Lockheed Martin Tactical Defense Systems  
365 Lakeville Road Great Neck, NY 11020 -1696  
Telephone (516) 574-2386 Facsimile (516) 574-1036



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Krishker", with a stylized flourish at the end.

Al Krishker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division



**UNISYS**

# Miscellaneous Shipping Order/ Interbuilding Manifest

Unisys Corporation  
365 Lakeville Road  
Great Neck, New York 11020-1696

- ☒ Miscellaneous Shipping Order  
☐ Interbuilding Shipping Manifest

No. **A151022**Date **August 13, 1997**Does Shipment Contain Hazardous  
Material? ☐ Yes\* ☐ NoSecurity Class. **None**

Ship To **U.S.E.P.A. Region II**  
**250 Broadway**  
**22nd Floor**  
**New York, NY 10007-1866**  
**Attn: Mr. Jack Hoyt**

From **Lockheed Martin Tactical Defense S**  
**365 Lakeville Road**  
**Great Neck, NY 11020**  
**Attn: Al. Krischker 1P10**

☐ 365 Lakeville Road  
Great Neck, N.Y.  
11020-1696☐ 2230 Smithtown Ave.  
Ronkonkoma, N.Y.  
11779**Misc.  
Shipping  
Order**

To be completed by Issuer	Date Matl. Reqd.	Cust. Order No.	A.O./J.O.	Bill of Lading/Airbill No.	<input type="radio"/> Prepaid <input type="radio"/> Collect	<input type="radio"/> Export F.O.B.
			<b>4006 - U2H1</b>			
To be completed by Traffic/ Shipping	Dimensions	Gross Weight	Insure For	Date Shipped		
	Package No.	Net Weight	Trans. Charges			

**Interbuilding Manifest**

Shipment Received by	Date	Addressee Signature	Date
----------------------	------	---------------------	------

Building	Addressee	F	Building	Sender
<b>T</b>		<b>R</b>		
<b>O</b>		<b>O</b>		
Dept.	Mail Sta.		Dept.	Mail Sta.
	Tel. Ext.			Tel. Ext.

Item No.	Part No.	S/N	Description (including size)	Qty
----------	----------	-----	------------------------------	-----

**2 letters & EPA forms****2****PLEASE FED X NEXT DAY.**

Issuer/Sender	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<b>A. Krischker</b>		<i>[Signature]</i>	<b>8/13/97</b>	<b>ESH Mng.</b>	<b>U2H1</b>	<b>2886</b>	<b>1P10</b>
Approval	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<input type="radio"/> Code B** <input type="radio"/> Other	<b>A. Krischker</b>	<i>[Signature]</i>	<b>8/13/97</b>	<b>ESH Mng.</b>	<b>U2H1</b>	<b>2886</b>	<b>1P10</b>

\*In order to ensure compliance with DOT regulations, hazardous material must be sent to the Shipping Dept., M.S. P-11, for packaging.  
\*\*Required on all Miscellaneous Shipping Orders. See OPP 4.64, 4.66.



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION 2  
290 BROADWAY  
NEW YORK, NY 10007-1866

October 9, 2007

IPARK Lake Success  
Att: George Mullen  
1111 Marcus Ave  
Lake Success, NY 11042-1034

Dear Mr. Mullen:

A new Resource Conservation & Recovery Act Identification (RCRA ID) number = **NYR000147264** has been issued to the 1111 Marcus Ave, Lake Success, NY location for IPARK. The older existing RCRA ID number, **NYR000043521**, for this location was originally issued to Lockheed Martin Corp, and continues to be used by that company for remediation at the site.

Therefore please use the **NYR000147264** RCRA ID number on any manifests of hazardous waste material for your site. You may call me at 212-637-3194 with any questions regarding this issue.

Sincerely,

A handwritten signature in cursive script, appearing to read "B. Lopez", is written over the name Betsy Lopez.

Betsy Lopez  
Environmental Protection Specialist  
Division of Environmental Planning and Protection-RCRA Programs Branch

Cc: Roland Ivers, NYSDEC, DSHM, Hazardous Waste Manifests Section

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## ★ Map for: 365 Lakeville Rd Great Neck, NY 11020, United States [Save](#)

Driving Directions: [To Here](#) - [From Here](#)

[Printable Version](#) [Email Map](#) [Link](#)

Check out our latest maps technology with satellite photos, drag & drop maps, and more...

[Get in there!](#)

Get a Map

365 Lakeville Rd,

[Get Map](#)

Live Traffic [On](#) | [Off](#)

[VIEW TRAFFIC ON MAP](#)

SmartView™

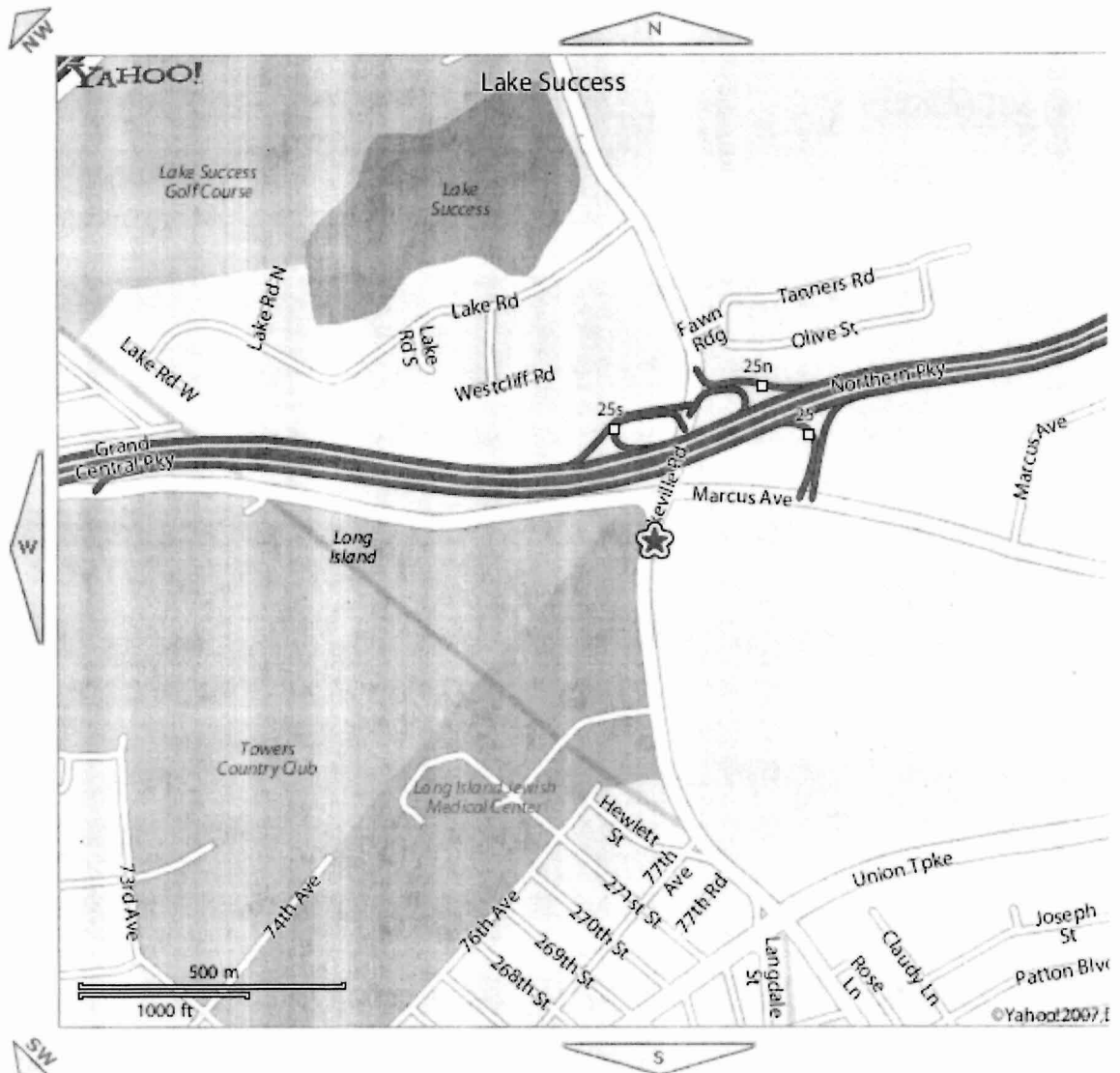
See Locations on this Map

- Food & Dining**
- Recreation & Entertainment**
- Community Services**
- Shopping & Services**
- Travel & Transportation**
- Financial & ATMs**

What's this?

Find more nearby...

**Yahoo! Local**



See these business locations on this map



☒ Zoom in & Re-Center ☐ Re-Center only

Yahoo! My Yahoo! Mail

Make Y! your home page

Search:

**YAHOO! LOCAL**  
Maps

**Sign In**  
New User? Sign Up

Maps Home - Broad



## ★ Map for: 1111 Marcus Ave Lake Success, NY 11042, United States

Driving Directions: [To Here](#) - [From Here](#)

[Printable Version](#) [Email Map](#) [Link](#)

Check out our latest maps technology with satellite photos, drag & drop maps, and more...

**Get in there!**

Get a Map

1111 Marcus Ave ▾

Get Map

Live Traffic On | Off

**VIEW TRAFFIC ON MAP** ➔

SmartView™

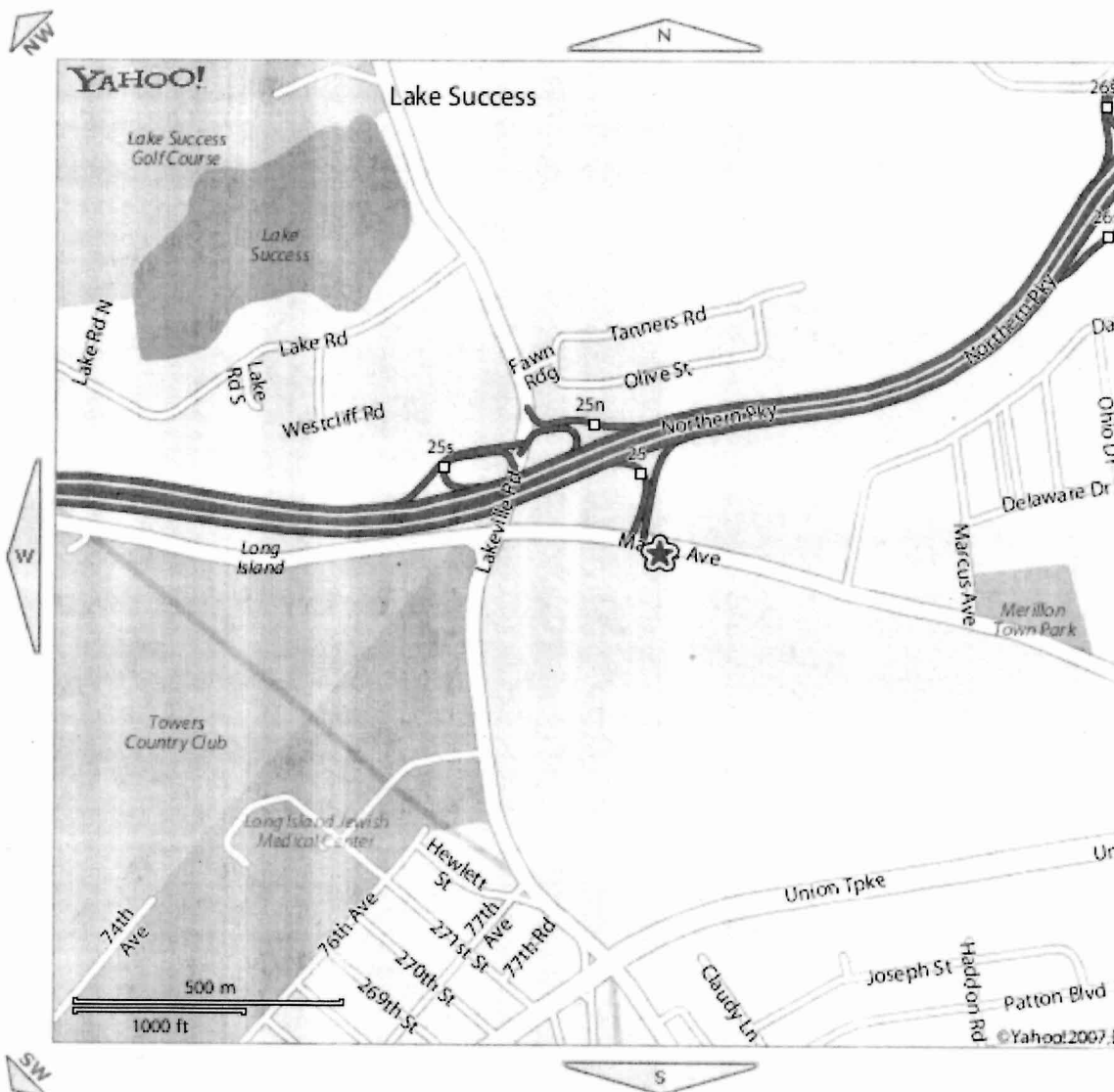
See Locations on this Map

- ▣ **Food & Dining**
- ▣ **Recreation & Entertainment**
- ▣ **Community Services**
- ▣ **Shopping & Services**
- ▣ **Travel & Transportation**
- ▣ **Financial & ATMs**

What's this?

Find more nearby...

**Yahoo! Local**



See these business locations on this map



☒ Zoom in & Re-Center ☐ Re-Center only





## Update a Site Identification Form



IPARK LAKE SUCCESS LLC

LAKE SUCCESS

NYR000043521

Navigational Shortcuts: [General Information](#) [Reason](#) [Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#) [Haz. Wastes](#) [Certification](#)

Last Updated By: NUS

*Removed this record from the file*

Last Updated On: 05/01/2006

## General Information

Received Date:*	03/28/2006	Non-notifier:	Select
Number of Employees:	0	Extract to Public? <input checked="" type="checkbox"/>	Send Acknowledgement:
Accessibility:	Select		

## 1. Reason for Submittal \*

<input type="checkbox"/>	To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). [Source N]
<input checked="" type="checkbox"/>	To provide subsequent notification (to update site identification information). [Source N]
<input type="checkbox"/>	As a component of a First RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of a Revised RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of the Hazardous Waste Report. [Source R]
<input type="checkbox"/>	Implementer - Agency that is implementer of Record for Handler. [Source I]
<input type="checkbox"/>	Emergency. [Source E]
<input type="checkbox"/>	Temporary. [Source T]

## 2. Site ID

EPA ID:*	NYR000043521	Activity Location:*	NY
----------	--------------	---------------------	----

## 3. Site Name

Name:*	IPARK LAKE SUCCESS LLC
--------	------------------------

## 4. Site Location (Physical address, not P.O. Box or Route)

Copy from: Select

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City:*	LAKE SUCCESS	State:*	NEW YORK

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS)** [Hint](#)

Choose NAICS:	Select						
	NAICS A	NAICS B	NAICS C	NAICS D			
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**Copy from: [Select](#)

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City: *	LAKE SUCCESS	State: *	NEW YORK
Zip Code: *	110421034	Country: *	UNITED STATES

**8. Site Contact Person** [Same as Permit Contact](#)

First Name: *	GEORGE	Middle Initial:		Last Name: *	MULLEN
Phone Number: *	5166169500	Extension:		Email Address:	

**8a. Site Contact Address**Copy from: [Select](#)

Number:	1111		
Street 1:	MARCUS AVE		
Street 2:			
City:	LAKE SUCCESS	State:	NEW YORK
Zip Code:	110421034	Country:	UNITED STATES

**9. Legal Owner and Operator \*** [Hint](#)**A. Legal Owner** [Add](#) [Delete All Owners](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
1	CO	P	<u>LOCKHEED MARTIN CORP</u>	68801 ROCKLEDGE DR BETHESDA MD 20817	01/01/0001	
3	CO	P	<u>IPARK LAKE SUCCESS LLC</u>	US	03/10/2000	

**B. Legal Operator** [Add](#) [Delete All Operators](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
2	CP	P	<u>IPARK LAKE SUCCESS LLC</u>	US	03/10/2000	

**10. Type of Federal Regulated Waste Activity \*****A. Hazardous Waste Activity****1. Generator of Hazardous Waste (Federal) \***Large Quantity Generator ☐

For items 2 through 6, check all that apply.

Unknown ☐ **2. Transporter of Hazardous Waste**

Indicate other generator activities (check all that apply).

☐ **3. Treater, Storer, or Disposer of Hazardous Waste ...**☐ d. United States Importer of Hazardous WasteUnknown ☐ **4. Recycler of Hazardous Waste ...**☐ e. Mixed Waste (hazardous and radioactive) Generator**5. Exempt Boiler and / or Industrial Furnace****Generator of Hazardous Waste (State) \***Unknown ☐ a. Small Quantity On-site Burner Exemption9 - Not Yet Determined ☐Unknown ☐ b. Smelting, Melting, Refining Furnace, ExemptionUnknown ☐ **6. Underground Injection Control****B. Universal Waste Activities****C. Used Oil Activities****1. Large Quantity Handler of Universal Waste ...****1. Used Oil Transporter - Indicate types of activities.**

Generated Accumulated

Batteries ☐ ☐Unknown ☐ a. TransporterThermostats ☐ ☐Unknown ☐ b. Transfer Facility

Lamps <input type="checkbox"/>	<input type="checkbox"/>	<b>2. Used Oil Processor and / or Re-refiner - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Processor Unknown <input type="checkbox"/> b. Re-refiner Unknown <input type="checkbox"/> <b>3. Off-Specification Used Oil Burner</b> <b>4. Used Oil Fuel Marketer - Indicate types of activities.</b> Unknown <input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner Unknown <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications
Pesticides <input type="checkbox"/>	<input type="checkbox"/>	
Unknown <input type="checkbox"/> <b>2. Destination Facility for Universal Waste ...</b>		
<b>D. State Activities</b>		
No State Activities Available.		

**10a. Latitude and Longitude**

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

**11. Description of Hazardous Waste** [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a>	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a>



D001	F001	K001	LABP	U001	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
D008	F008	K008	P007	U008	
D009	F009	K009	P008	U009	
D010	F010	K010	P009	U010	
Total D Selected: 1	Total F Selected: 0	Total K Selected: 0	Total P Selected: 0	Total U Selected: 0	Total X Selected: 0

12. Comments [Clear Notes](#) Chars Remaining

LOCATION ADDRESS FOUND IN THE US POST OFFICE INTERNET SEARCH

13. Certification \* [Add](#) [Delete All Certifiers](#) [Hint](#) [Read the certification.](#)

First Name:	M.I.:	Last Name:	Title:	Date Signed:
NICHOLAS		VALKENBURG	AGENT OF L M	05/22/2002
RICHARD		MARCEL	FACILITY CONSTRUCTION MGR	03/27/2006



## Update a Site Identification Form



IPARK LAKE SUCCESS LLC

LAKE SUCCESS

NYR000043521

Navigational Shortcuts: [General Information](#) [Reason](#) [Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#)  
[Haz. Wastes](#) [Certification](#)

Last Updated By: IGG

Last Updated On: 05/10/2007

## General Information

Received Date:*	03/28/2007	Non-notifier:	Select
Number of Employees:	0	Extract to Public? <input checked="" type="checkbox"/>	Send Acknowledgement:
Accessibility:	Select		

## 1. Reason for Submittal \*

<input type="checkbox"/>	To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). [Source N]
<input checked="" type="checkbox"/>	To provide subsequent notification (to update site identification information). [Source N]
<input type="checkbox"/>	As a component of a First RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of a Revised RCRA Hazardous Waste Part A Permit Application. [Source A]
<input type="checkbox"/>	As a component of the Hazardous Waste Report. [Source R]
<input type="checkbox"/>	Implementer - Agency that is implementer of Record for Handler. [Source I]
<input type="checkbox"/>	Emergency. [Source E]
<input type="checkbox"/>	Temporary. [Source T]

## 2. Site ID

EPA ID:*	NYR000043521	Activity Location:*	NY
----------	--------------	---------------------	----

## 3. Site Name

Name:*	IPARK LAKE SUCCESS LLC
--------	------------------------

## 4. Site Location (Physical address, not P.O. Box or Route)

Copy from: Select

Number:	1111		
Street 1:*	MARCUS AVE		
Street 2:			
City:*	LAKE SUCCESS	State:*	NEW YORK

Zip Code:*	110421034	County:*	NASSAU
State District:	NYSDEC R1		

**5. Site Land Type \***

Site Land Type:	Private
-----------------	---------

**6. North American Industry Classification System (NAICS)** [Hint](#)

Choose NAICS:	Select						
	<a href="#">NAICS A</a>	<a href="#">NAICS B</a>	<a href="#">NAICS C</a>	<a href="#">NAICS D</a>			
NAICS A:*	621498 (Primary)	NAICS B:		NAICS C:		NAICS D:	

**7. Site Mailing Address**Copy from: [Select](#)

Number:	1111					
Street 1:*	MARCUS AVE					
Street 2:						
City:*	LAKE SUCCESS	State:*	NEW YORK			
Zip Code:*	110421034	Country:*	UNITED STATES			

**8. Site Contact Person** [Same as Permit Contact](#)

First Name:*	GEORGE	Middle Initial:		Last Name:*	MULLEN
Phone Number:*	5166169500	Extension:	4519	Email Address:	

**8a. Site Contact Address**Copy from: [Select](#)

Number:	1111					
Street 1:	MARCUS AVE					
Street 2:						
City:	LAKE SUCCESS	State:	NEW YORK			
Zip Code:	110421034	Country:	UNITED STATES			

**9. Legal Owner and Operator \*** [Hint](#)**A. Legal Owner** [Add](#) [Delete All Owners](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
1	CO	P	<u>LOCKHEED MARTIN CORP</u>	68801 ROCKLEDGE DR BETHESDA MD 20817	01/01/0001	
3	CO	P	<u>IPARK LLC</u>	US	03/10/2000	

**B. Legal Operator** [Add](#) [Delete All Operators](#)

Seq.	Ind.	Type	Name	Address	Date Became Current	Date Ended Current
2	CP	P	<u>IPARK LLC</u>	US	03/10/2000	

**10. Type of Federal Regulated Waste Activity \*****A. Hazardous Waste Activity**

<b>1. Generator of Hazardous Waste (Federal) *</b>	<b>For items 2 through 6, check all that apply.</b>
Large Quantity Generator <input type="checkbox"/>	<input type="checkbox"/> <b>2. Transporter of Hazardous Waste</b>
<b>Indicate other generator activities (check all that apply).</b>	<input type="checkbox"/> <b>3. Treater, Storer, or Disposer of Hazardous Waste ...</b>
<input type="checkbox"/> d. United States Importer of Hazardous Waste	<input type="checkbox"/> <b>4. Recycler of Hazardous Waste ...</b>
<input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator	<b>5. Exempt Boiler and / or Industrial Furnace</b>
<b>Generator of Hazardous Waste (State) *</b>	<input type="checkbox"/> a. Small Quantity On-site Burner Exemption
9 - Not Yet Determined <input type="checkbox"/>	<input type="checkbox"/> b. Smelting, Melting, Refining Furnace, Exemption
	<input type="checkbox"/> <b>6. Underground Injection Control</b>

**B. Universal Waste Activities****1. Large Quantity Handler of Universal Waste ...**

	Generated	Accumulated
Batteries	<input type="checkbox"/>	<input type="checkbox"/>
Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
Lamps	<input type="checkbox"/>	<input type="checkbox"/>

**C. Used Oil Activities****1. Used Oil Transporter - Indicate types of activities.**

- ☐ a. Transporter
- ☐ b. Transfer Facility

**2. Used Oil Processor and / or Re-refiner -**



Pesticides ☐☐ 2. Destination Facility for Universal Waste ...

## Indicate types of activities.

☐ a. Processor☐ b. Re-refiner☐ 3. Off-Specification Used Oil Burner

## 4. Used Oil Fuel Marketer - Indicate types of activities.

☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

## D. State Activities

No State Activities Available.

## 10a. Latitude and Longitude

Latitude:	0	Longitude:	0
Geometric Type Code:	Select		
Reference Point Code:	Select		
Source Map Scale Numbers:	0	Horizontal Accuracy Measure:	
Horizontal Collection Method:	Select		
Horizontal Reference Datum:	Select		

11. Description of Hazardous Waste [Hint](#)

Dropdown Size: 10

Type D <a href="#">Select All</a> / <a href="#">Remove All</a> All	Type F <a href="#">Select All</a> / <a href="#">Remove All</a>	Type K <a href="#">Select All</a> / <a href="#">Remove All</a>	Type P <a href="#">Select All</a> / <a href="#">Remove All</a>	Type U <a href="#">Select All</a> / <a href="#">Remove All</a>	Type X <a href="#">Select All</a> / <a href="#">Remove All</a> All
D001	F001	K001	LABP	U001	B001
D002	F002	K002	P001	U002	B002
D003	F003	K003	P002	U003	B003
D004	F004	K004	P003	U004	B004
D005	F005	K005	P004	U005	B005
D006	F006	K006	P005	U006	B006
D007	F007	K007	P006	U007	B007
<b>D008</b>	F008	K008	P007	U008	
D009	F009	K009	P008	U009	
D010	F010	K010	P009	U010	

Total D Selected: 1

Total F Selected: 0

Total K Selected: 0

Total P Selected: 0

Total U Selected: 0

Total X Selected: 0

**12. Comments** [Clear Notes](#)

Chars Remaining

THE EPA NYR000043521 ASSIGNED TO THIS ADDRESS WAS LISTED UNDER LOCKHEED MARTIN. WOULD LIKE TO TRANSFER GENERATOR NAME TO IPARK, LAKE SUCCESS, WHO ARE THE CURRENT TENANTS AND NEW GENERATOR.

**13. Certification \***[Add](#) [Delete All Certifiers](#)[Hint](#) [Read the certification.](#)

First Name:	M.I.:	Last Name:	Title:	Date Signed:
GEORGE		MULLEN	VICE PRES OPS	03/26/2007

Navigational Shortcuts: [General Information](#) [Reason](#) [Site ID and Name](#) [Location](#) [Land Type](#) [NAICS](#) [Mailing](#) [Contact](#) [Owner and Operator](#) [Waste Activity](#) [Lat/Long](#)  
[Haz. Wastes](#) [Certification](#)

[Update](#) [Delete](#) [Cancel](#)

URL: /rcrainfo/handler/siteidmntn.jsp



## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

08/18/97

This is to acknowledge that you have filed a **Notification of Hazardous Waste Activity** for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER -> NYR000043521

FACILITY NAME -> LOCKHEED MARTIN CORP

MAILING ADDRESS -> 2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505

INSTALLATION ADDRESS -> UNION TNPk & LAKEVILLE RD  
NORTH HEMPSTEAD, NY 11040

EPA Form 8700-12AB (4-80)

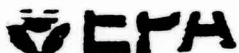
UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION II  
290 BROADWAY  
NEW YORK, NEW YORK 10007-1866

ATTN: AIR & WASTE MANAGEMENT DIVISION, 22ND FL  
HAZARDOUS & SOLID WASTE PROGRAMS BRANCH  
RCRA NOTIFICATIONS

TO: JENSEN, DAVID  
MGR GROUNDWATER  
LOCKHEED MARTIN CORP  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505



For full instructions on completing this form, the information requested here is required by law (Section 8010 of the Resource Conservation and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

U.S. EPA  
AGENCY RO II

AM 11:56

U.S. EPA  
AGENCY

## I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification  
(complete item C)

C. Installation's EPA ID Number

NY 181010101435211

## II. Name of Installation (Include company and specific site name)

LOCKHEED MARTIN CORPORATION

## III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

UNION TURNPIKE AND LAKEVILLE

Street (continued)

ROAD

City or Town

NORRTH HEMPSTEAD NY 11040

County Code County Name

NA S S A U

## IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2550 N HOLLYWOOD WAY SUITE 301

City or Town

BURBANK CA 91505

## V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

JENSEN

(first)

DAVID

Job Title

MGR GROUN DWATER

Phone Number (area code and number)

818-847-0792

## VI. Installation Contact Address (See instructions)

A. Contact Address  
Location Mailing

☒☒

B. Street or P.O. Box

2550 N HOLLYWOOD WAY 301

City or Town

BURBANK CA 91505

## VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

LOCKHEED MARTIN CORPORATION

Street, P.O. Box, or Route Number

6801 ROCKLEDGE DRIVE

City or Town

BETHESDA MD 20817

Phone Number (area code and number)

301-897-6000

B. Land Type

☒

C. Owner Type

☒

D. Change of Owner Indicator

☒☐

(Date Changed)  
Month Day Year



ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions.)

A. Hazardous Waste Activity

B. Used Oil Fuel Activities

1. Generator (See instructions)

- ☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only  
☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify

☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marking to Burner  
☐ b. Other Marketers  
☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Refractory  
☐ 2. Small Quantity Exemption

Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

☐ 5. Underground Injection Control

1. Off-Specification Used Oil Fuel

- ☐ a. Generator Marking to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device

- ☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace

☐ 2. Specification Used Oil Fuel Markers (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001) ☒ 2. Corrosive (D002) ☒ 3. Reactive (D003) ☒ 4. Toxicity Characteristic (D000) ☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3 D 0 0 7 D 0 0 9 D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

Name and Official Title (type or print)

Date Signed

Allen Kriskker, ESH Admin.

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

**IX. Description of Regulated Substances (Additional sheet)**

**B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)**

13				14				15				16				17				18			
P	0	9	8	P	0	1	2	D	0	0	6	D	0	1	1	D	0	2	2	D	0	0	4
19				20				21				22				23				24			
D	0	1	9																				
25				26				27				28				29				30			
31				32				33				34				35				36			
37				38				39				40				41				42			
43				44				45				46				47				48			
49				50				51				52				53				54			
55				56				57				58				59				60			
61				62				63				64				65				66			
67				68				69				70				71				72			
73				74				75				76				77				78			
79				80				81				82				83				84			
85				86				87				88				89				90			
91				92				93				94				95				96			
97				98				99				100				101				102			
103				104				105				106				107				108			
109				110				111				112				113				114			
115				116				117				118				119				120			

LOCKHEED MARTIN



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

U.S. EPA  
AGENCY RO II  
97 AUG 12 AM 11:56  
HAZARDOUS & SOLID WASTE  
PROGRAMS BRANCH

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division

97 AUG 14 AM 10:53

For public information, the information requested here is required by law (Section 9010 of the Resource Conservation and Recovery Act).



# Regulated Waste Activity

United States Environmental Protection Agency

HAZARDOUS & SOLID WASTE PROGRAMS BRANCH

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☒

A. First Notification

☐

B. Subsequent Notification (complete item C)

C. Installation's EPA ID Number

II. Name of Installation (Include company and specific site name)

L O C K H E E D M A R T I N C O R P O R A T I O N

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

U N I O N T U R N P I K E A N D L A K E V I L L E

Street (continued)

R O A D

City or Town

N O R T H H E M P S I T E A D

State

ZIP Code

N Y 1 1 0 4 0

County Code

County Name

N A S S A U

IV. Installation Mailing Address (See instructions)

Street or P.O. Box

2 5 5 0 N H O L L Y W O O D W A Y S U I T E 3 0 1

City or Town

B U R B A N K

State

ZIP Code

C A 9 1 5 0 5 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (last)

(first)

J E N S E N

D A V I D

Job Title

Phone Number (area code and number)

M G R G R O U N D W A T E R

8 1 8 - 8 4 7 - 0 7 9 2

VI. Installation Contact Address (See instructions)

A. Contact Address Location

B. Street or P.O. Box

☒
☒

2 5 5 0 N H O L L Y W O O D W A Y 3 0 1

City or Town

B U R B A N K

State

ZIP Code

C A 9 1 5 0 5 -

VII. Ownership (See instructions)

A. Name of Installation's Legal Owner

L O C K H E E D M A R T I N C O R P O R A T I O N

Street, P.O. Box, or Route Number

6 8 0 1 R O C K L E D G E D R I V E

City or Town

B E T H E S D A

State

ZIP Code

M D 2 0 8 1 7 -

Phone Number (area code and number)

3 0 1 - 8 9 7 - 6 0 0 0

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed) Month Day Year

☐
☐

Yes

☒

No

☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐
☐

Call Al Krueger (516) 574-2386



ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to Instructions.)

A. Hazardous Waste Activity

1. Generator (See Instructions)  
☒ a. Greater than 1000kg/mo (2,200 lbs.)  
☐ b. 100 to 1000 kg/mo (220 - 2,200 lbs.)  
☐ c. Less than 100 kg/mo (220 lbs.)
2. Transporter (Indicate Mode in boxes 1-5 below)  
☐ a. For own waste only  
☐ b. For commercial purposes
- Mode of Transportation  
☐ 1. Air  
☐ 2. Rail  
☐ 3. Highway  
☐ 4. Water  
☐ 5. Other - specify \_\_\_\_\_
3. Transfer, Storage, Disposal (at installation) Note: A permit is required for this activity; see instructions.  
☐ 4. Hazardous Waste Fuel  
☐ a. Generator Marking to Burner  
☐ b. Other Marketer  
☐ c. Boiler and/or Industrial Furnace  
☐ 1. Smaller Dermal  
☐ 2. Small Quantity Exemption  
 Indicate Type of Combustion Device(s)  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace  
☐ 5. Underground Injection Control

B. Used Oil Fuel Activities

1. Off-Specification Used Oil Fuel  
☐ a. Generator Marking to Burner  
☐ b. Other Marketer  
☐ c. Burner - indicate device(s) - Type of Combustion Device  
☐ 1. Utility Boiler  
☐ 2. Industrial Boiler  
☐ 3. Industrial Furnace
2. Specification Used Oil Fuel Marketer (or On-site Burner) Who First Claims the Oil Meets the Specification

IX. Description of Regulated Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles (See 40 CFR Parts 261.20 - 261.24)

1. Ignitable (D001)  
☒
2. Corrosive (D002)  
☒
3. Reactive (D003)  
☒
4. Toxicity Characteristic (D000)  
☒

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D 0 0 3    D 0 0 7    D 0 0 9    D 0 0 8

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. See instructions if you need to list more than 12 waste codes.)

1 F 0 0 1	2 F 0 0 3	3 F 0 0 5	4 F 0 0 2	5 U 2 1 3	6 U 1 3 5
7 U 0 2 8	8 U 0 6 9	9 U 3 5 0	10 U 0 8 0	11 U 1 1 2	12 U 1 5 9

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number. See instructions.)

1 X 8 5 0	2 X 9 0 0	3 X 7 2 6	4 X 9 1 0	5 X 1 6 5	6 X 7 2 5
--------------	--------------	--------------	--------------	--------------	--------------

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature: Allen Kriskker Name and Official Title (type or print): Allen Kriskker, ESH Admin. Date Signed: 8/13/97

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)

ix. Description of Regulated Activity (At the end of sheet)

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33. Use this page only if you need to list more than 12 waste codes.)

13	14	15	16	17	18
P 0 9 8	P 0 1 2	D 0 0 6	D 0 1 1	D 0 2 2	D 0 9 4
19	20	21	22	23	24
D 0 1 9					
25	26	27	28	29	30
31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48
49	50	51	52	53	54
55	56	57	58	59	60
61	62	63	64	65	66
67	68	69	70	71	72
73	74	75	76	77	78
79	80	81	82	83	84
85	86	87	88	89	90
91	92	93	94	95	96
97	98	99	100	101	102
103	104	105	106	107	108
109	110	111	112	113	114
115	116	117	118	119	120



August 8, 1997

U.S.E.P.A. Region II  
250 Broadway  
22nd Floor  
New York, NY 10007-1866

Subject: Request for New Site EPA ID Number

Mr. Jack Hoyt:

Enclosed is a copy of EPA Form 6700-12. Request that your office assign an EPA ID number for the regulated waste activity at the newly designated Lockheed Martin Corporation site located on the northeast corner at the intersection of Union Turnpike and Lakeville Road in the Town of North Hempstead, New York 11040. When a specific mailing address has been obtained for this site it will be forwarded to your office.

Should you require any additional information, please contact the undersigned at 516-574-2386.

Very truly,

A handwritten signature in black ink, appearing to read "Al Kriskker", written over a horizontal line.

Al Kriskker  
LMFS Principal Program  
Representative/Operations

AK/ek

Enclosure

cc: R. Gilbert  
D. Jensen  
RCRA Notifications, USEPA Region II, Air & Waste Management Division



UNISYS

# Miscellaneous Shipping Order/ Interbuilding Manifest

 Unisys Corporation  
 365 Lakeville Road  
 Great Neck, New York 11020-1696

- ☒ Miscellaneous Shipping Order  
☐ Interbuilding Shipping Manifest

 No. **A151022**

 Date **August 13, 1997**

 Does Shipment Contain Hazardous  
 Material? ☐ Yes\* ☐ No

 Security Class. **None**

Ship To	U.S.E.P.A. Region II 250 Broadway 22nd Floor New York, NY 10007-1866 Attn: Mr. Jack Hoyt	From	Lockheed Martin Tactical Defense Sys. 365 Lakeville Road Great Neck, NY 11020 Attn: Al. Krischker 1P10
---------	--	------	---

☒ 365 Lakeville Road  
 Great Neck, N.Y.  
 11020-1696

☐ 2230 Smithtown Ave.  
 Ronkonkoma, N.Y.  
 11779

<b>Misc. Shipping Order</b>	To be completed by Issuer	Date Mail. Req'd.	Cust. Order No.	A.O./J.O.	Bill of Lading/Airbill No.	<input type="radio"/> Prepaid <input type="radio"/> Export <input type="radio"/> Collect F.O.B.
				<b>4006 - U2H1</b>		
	To be completed by Traffic/ Shipping	Dimensions	Gross Weight	Insure For	Date Shipped	
		Package No.	Net Weight	Trans. Charges		

<b>Interbuilding Manifest</b>			Shipment Received by	Date	Addressee Signature	Date
Building	Addressee				Building	Sender
<b>T</b>					<b>F</b>	
<b>O</b>	Dept.	Mail Sta.	Tel. Ext.		<b>R</b>	
					<b>O</b>	
					<b>M</b>	

Item No.	Part No.	S/N	Description (including size)	Qty
			<b>2 letters &amp; EPA forms</b>	<b>2</b>

**PLEASE FED X NEXT DAY.**

Issuer/Sender	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<b>A. Krischker</b>			<b>8/13/97</b>	<b>ESH Mnge.</b>	<b>U2H1</b>	<b>2386</b>	<b>1P10</b>
Approval	Print	Signature	Date	Title	Dept.	Tel.	M.S.
<input type="radio"/> Code B**	<b>A. Krischker</b>		<b>8/13/97</b>	<b>ESH Mnge.</b>	<b>U2H1</b>	<b>2386</b>	<b>1P10</b>
<input type="radio"/> Other							

\*In order to ensure compliance with DOT regulations, hazardous material must be sent to the Shipping Dept., M.S. P-11, for packaging.

\*\*Required on all Miscellaneous Shipping Orders. See OPP 4.64, 4.66.

UC155(1/94)



# RCRARep Handler Detail Report

NYR000043521

Report run on: March 29, 2006 9:58 AM

## Contact

05/22/02 01 Biennial      NICHOLAS VALKENBURG  
  
Phone: (631)391-5234  
01/01/01 99 Biennial      GENE MATSUSHITA  
Phone: (410)468-1038  
02/26/98 97 Biennial      ROBERT C GILBERT  
Phone: (818)847-0210  
08/12/97 Notification      DAVID JENSEN  
2550 N HOLLYWOOD WAY SUITE 301  
BURBANK, CA 91505  
Phone: (818)847-0792

## Legal Owner/Operator of Site

08/12/97 Notification      Current Owner from -      D&B#:      (Private)  
LOCKHEED MARTIN CORP  
68801 ROCKLEDGE DR  
BETHESDA, MD 20817  
Phone: (301)897-6000

## Regulated Hazardous Waste Activities

05/22/02 01 Biennial  
Federal Large Quantity Generator  
01/01/01 99 Biennial  
Federal Large Quantity Generator  
02/26/98 97 Biennial  
Federal Large Quantity Generator  
08/12/97 Notification  
Federal Large Quantity Generator

## Waste Codes

08/12/97 Notification	D000	D001	D002	D003	D004	D005	D007	D008
	D009	D011	D019	D022	F001	F002	F003	F005
	P012	P098	U028	U069	U080	U112	U135	U159
	U213	X001	X003					

D000	DESCRIPTION
D001	IGNITABLE WASTE
D002	CORROSIVE WASTE
D003	REACTIVE WASTE
D004	ARSENIC
D005	BARIUM
D007	CHROMIUM
D008	LEAD
D009	MERCURY
D011	SILVER
D019	CARBON TETRACHLORIDE
D022	CHLOROFORM
F001	THE FOLLOWING SPENT HALOGENATED SOLVENTS USED IN DEGREASING: TETRACHLOROETHYLENE, TRICHLORETHYLENE, METHYLENE CHLORIDE, 1,1,1-TRICHLOROETHANE, CARBON

NYR000043521

Waste Codes

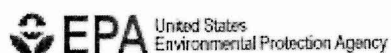
F002	THE FOLLOWING SPENT HALOGENATED SOLVENTS: TETRACHLOROETHYLENE, METHYLENE CHLORIDE, TRICHLOROETHYLENE, 1,1,1-TRICHLOROETHANE, CHLOROBENZENE, 1,1,2-TRICHLOROETHANE, 1,1,2-TRICHLOROETHANE
F003	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: XYLENE, ACETONE, ETHYL ACETATE, ETHYL BENZENE, ETHYL ETHER, METHYL ISOBUTYL KETONE, N-BUTYL ALCOHOL, CYCLOHEXANONE, ETHYL ACETATE
F005	THE FOLLOWING SPENT NONHALOGENATED SOLVENTS: TOLUENE, METHYL ETHYL KETONE, CARBON DISULFIDE, ISOBUTANOL, PYRIDINE, BENZENE, 2-ETHOXYETHANOL, AND 2-NITROETHANOL
P012	ARSENIC OXIDE AS <sub>2</sub> O <sub>3</sub> (OR) ARSENIC TRIOXIDE
P098	POTASSIUM CYANIDE (OR) POTASSIUM CYANIDE K(CN)
U028	1,2-BENZENEDICARBOXYLIC ACID, BIS(2-ETHYLHEXYL) ESTER (OR) DIETHYLHEXYL PHTHALATE
U069	1,2-BENZENEDICARBOXYLIC ACID, DIBUTYL ESTER (OR) DIBUTYL PHTHALATE
U080	METHANE, DICHLORO- (OR) METHYLENE CHLORIDE
U112	ACETIC ACID, ETHYL ESTER (I) (OR) ETHYL ACETATE (I)
U135	HYDROGEN SULFIDE (OR) HYDROGEN SULFIDE H <sub>2</sub> S
U159	2-BUTANONE (I,T) (OR) METHYL ETHYL KETONE (MEK) (I,T)
U213	FURAN, TETRAHYDRO- (I) (OR) TETRAHYDROFURAN (I)
X001	DESCRIPTION
X003	DESCRIPTION

Basic Notes:		EXTRACT_FLAG	UPDATED	OCT 2003	VIA SQL
		EXTRACT_FLAG	UPDATED	OCT 2003	VIA SQL
05/22/02	01 Biennial	Update	10/03	to ensure	Leg_Dist is associated with correct Counties
01/01/01	99 Biennial	Update	10/03	to ensure	Leg_Dist is associated with correct Counties
02/26/98	97 Biennial	Update	10/03	to ensure	Leg_Dist is associated with correct Counties
08/12/97	Notification	Update	10/03	to ensure	Leg Dist is associated with correct Counties

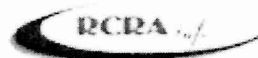
05/22/02	01	Biennial	AGENT OF L M NICHOLAS VALKENBURG Signed: 05/22/02
01/01/01	99	Biennial	TECH PRO MGR GENE S MATSUSHITA Signed: 01/01/01
02/26/98	97	Biennial	DEPUTY DIR CAROL A YUGE Signed: 02/26/98

05/22/02	01 Biennial	Site's Biennial Report data included in 2001 BR National report.
01/01/01	99 Biennial	Site probably included in 1999 BR National report.
02/26/98	97 Biennial	Site probably included in 1997 BR National report.

08/12/97 Notification CDX: Acknowledged: 08/18/97



## Handler Detail


**LOCKHEED MARTIN CORPORATION LAKE SUCCESS**
**NYR000043521**

\*\* = Indicates source record used for Universe Calculations

Handler Universes										
In a Universe	Genstatus	Transporter	Univ Waste	Recycler	Used Oil	Furnace Exempt	Importer	Onsite Burner Exem	Mixed Waste Gen	Underground Injection
Y	LQG	N	N	N	NNNNNNN	N	N	N	N	N

Permitting and Corrective Action Universes									
Permit Workload	Closure Workload	Postclosure Workload	Permit Progress	CA Workload	Subject to CA	Subject to CA - TSD	Subject to CA - Discretion	Subject to CA - Non-TSD	
----	----	----	----	N	N	N	N	N	

Compliance, Monitoring and Enforcement and GPRA Universes							
Full Enforcement	Operating TSDF	SNC	BOYSNC	GPRA Permit	GPRA Postclosure	GPRA CME	GPRA CA
----	----	N	N	N	N	N	N

Source Summary Table				
Act Loc	Source	Sequence	Receipt Date	Non-notifier
NY	N	1	8/12/1997	
NY	** R	3	5/22/2002	
NY	R	2	1/1/2001	
NY	R	1	2/26/1998	

### Add Site Identification Form

### RCRA Site Detail Report

### Universe Justification

[Create New Activity Location](#)
[Go To](#)

URL: /Handler2/HAND\_main.asp



Region 2

## ACKNOWLEDGEMENT OF NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

04/14/2006

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER: NYR000043521

INSTALLATION NAME: IPARK LAKE SUCCESS LLC

INSTALLATION ADDRESS : 1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034

MAILING ADDRESS : 1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034

EPA Form 8700-12AB (4-80)

USEPA - REGION 2  
RCRA Programs Branch  
290 Broadway, 22nd Floor  
New York, NY 10007-1866

ATTN: RCRA NOTIFICATIONS  
Tel : (212) 637-4106  
Fax: (212) 637-3056

TO: IPARK LAKE SUCCESS LLC  
or Current Occupant  
ATTN: GEORGE MULLEN  
1111 MARCUS AVE  
LAKE SUCCESS, NY 11042-1034



**SEND COMPLETED****FORM TO:**The Appropriate State or  
EPA Regional Office.

United States Environmental Protection Agency

**RCRA SUBTITLE C SITE IDENTIFICATION FORM****1. Reason for  
Submittal**(See instructions  
on page 13.)MARK ALL BOX(ES)  
THAT APPLY**Reason for Submittal:**

- ☒ To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)
- ☐ To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)
- ☐ As a component of a First RCRA Hazardous Waste Part A Permit Application
- ☐ As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # \_\_\_\_\_)
- ☐ As a component of the Hazardous Waste Report

**2. Site EPA ID  
Number (page 14)**

EPA ID Number

NYR 000 043 524

**3. Site Name  
(page 14)**

Name:

IPARK LAKE SUCCESS

**4. Site Location  
Information  
(page 14)**

Street Address: 1111 MARCUS AVE

City, Town, or Village: LAKE SUCCESS

State: NY

County Name: NASSAU

Zip Code: 11042 -1034

**5. Site Land Type  
(page 14)**Site Land Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other**6. North American  
Industry  
Classification  
System (NAICS)  
Code(s) for the Site  
(page 14)**

A.

621498

B.

| | | | |

C.

| | | | |

D.

| | | | |

**7. Site Mailing  
Address  
(page 15)**

Street or P. O. Box: 1111 MARCUS AVE

City, Town, or Village: LAKE SUCCESS

State: NEW YORK

Country: USA

Zip Code: 11042

**8. Site Contact  
Person  
(page 15)**

First Name: GEORGE

MI:

Last Name: MULLEN

Phone Number: 516-616-9500

Extension:

Email address:

**9. Operator and  
Legal Owner  
of the Site  
(pages 15 and 16)**

A. Name of Site's Operator:

IPARK LAKE SUCCESS LLC

Date Became Operator (mm/dd/yyyy):

3/10/2000

Operator Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

B. Name of Site's Legal Owner:

IPARK LAKE SUCCESS LLC

Date Became Owner (mm/dd/yyyy):

Owner Type: ☒ Private ☐ County ☐ District ☐ Federal ☐ Indian ☐ Municipal ☐ State ☐ Other

Call Tuber Control (516) 781-3000  
 Change (Owner)  
 DHL

Per Grand 4/4/06 10:15

9. Legal Owner (Continued) Address	Street or P. O. Box: 1111 MARCUS AVE	
	City, Town, or Village: LAKE SUCCESS	
	State: NY	
	Country: USA	Zip Code: 11042

## 10. Type of Regulated Waste Activity

Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 17 to 20.)

## A. Hazardous Waste Activities

Complete all parts for 1 through 6.

Y ☒ N ☐ 1. Generator of Hazardous Waste

If "Yes", choose only one of the following - a, b, or c.

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.)  
of non-acute hazardous waste; or  
(TEMPORARY NUMBER REQUESTED)
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.)  
of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.)  
of non-acute hazardous waste

In addition, indicate other generator activities.

Y ☐ N ☐ d. United States Importer of Hazardous WasteY ☐ N ☐ e. Mixed Waste (hazardous and radioactive) GeneratorY ☐ N ☐ 2. Transporter of Hazardous WasteY ☐ N ☐ 3. Treater, Storer, or Disposer of

Hazardous Waste (at your site) Note:

A hazardous waste permit is required for this activity.

Y ☐ N ☐ 4. Recycler of Hazardous Waste (at your site)Y ☐ N ☐ 5. Exempt Boiler and/or Industrial Furnace

If "Yes", mark each that applies.

- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, and Refining Furnace Exemption

Y ☐ N ☐ 6. Underground Injection Control

## B. Universal Waste Activities

- Y ☐ N ☐ 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. If "Yes", mark all boxes that apply:

	Generate	Accumulate
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

- N/A.
- a. Batteries ☐ ☐
- b. Pesticides ☐ ☐
- c. Thermostats ☐ ☐
- d. Lamps ☐ ☐
- e. Other (specify) \_\_\_\_\_ ☐ ☐
- f. Other (specify) \_\_\_\_\_ ☐ ☐
- g. Other (specify) \_\_\_\_\_ ☐ ☐

Y ☐ N ☐ 2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

## C. Used Oil Activities

Mark all boxes that apply.

Y ☐ N ☐ 1. Used Oil Transporter

If "Yes", mark each that applies.

- ☐ a. Transporter
- ☐ b. Transfer Facility

Y ☐ N ☐ 2. Used Oil Processor and/or Re-refiner

If "Yes", mark each that applies.

- ☐ a. Processor
- ☐ b. Re-refiner

Y ☐ N ☐ 3. Off-Specification Used Oil BurnerY ☐ N ☐ 4. Used Oil Fuel Marketer


If "Yes", mark each that applies.

- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

DOOB						


[illegible]

Signature of operator, owner, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	RICHARD MARCEL - FACILITY/CONSTRUCTION MANAGER	3/27/06

# RCRARep Handler Detail Report

Report run on: March 29, 2006 9:58 AM

## Facility Information

Name/ID, Location / Activity Location, GPRA	Dist	Notified	SNC	Regulated Activity
LOCKHEED MARTIN CORPORATION	1	OK		LG -----
NYR000043521 1111 MARCUS AVE, LAKE SUCCESS NY				

### Extract Flag

All data for this Handler is released to the Public (except any enforcement-sensitive CME data)

### Activity Location

Handler Module Data for NY State only

### Other Site Name

01/01/01 99 Biennial	LOCKHEED MARTIN CORP ES&H
02/26/98 97 Biennial	LOCKHEED MARTIN CORP

### Location Address

05/22/02 01 Biennial	1111 MARCUS AVE NASSAU (NY059) LAKE SUCCESS, NY 11042 State District: NYSDEC R1 Land Type: X (X)
01/01/01 99 Biennial	365 LAKEVILLE RD NASSAU (NY059) GREAT NECK, NY 110201696 State District: NYSDEC R1 Land Type: U (U)
02/26/98 97 Biennial	UNION TURNPIKE & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 110400000 State District: NYSDEC R1 Land Type: U (U)
08/12/97 Notification	UNION TNPK & LAKEVILLE RD NASSAU (NY059) NORTH HEMPSTEAD, NY 11040 State District: NYSDEC R1 Land Type: Private (P)

### North American Industrial Classification (NAICS)

05/22/02 01 Biennial	56291
----------------------	-------

56291 Remediation Services

### Mailing Address

05/22/02 01 Biennial	88 DURYEA RD MELVILLE, NY 11747
01/01/01 99 Biennial	100 S CHARLES ST STE 1400 BALTIMORE, MD 212011696
02/26/98 97 Biennial	2550 N HOLLYWOOD WAY 3RD FLOOR BURBANK, CA 915050000
08/12/97 Notification	2550 N HOLLYWOOD WAY SUITE 301 BURBANK, CA 91505

### Contact